

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031636

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				1
3		1				1
4		2				1
5		6				1
6		6				1
7		6				1
8		6				
9		6				
10		6				
11		6				
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27		6				
28		6				
29		6				
30						
31		1				
32		1				
33		2				
34		6				
35		6				
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45		6				
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.		↓		↓	3	↓
TOTAL DEP.		↓		↓	4	↓
TOTAL CLAIMS					7	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		2				
54		6				
55		6				
56		6				
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS